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PTO/SB/05 (1/2/97) Approved for use through 09/30/00. OMB 0651-0032

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Please type a plus sign (+) inside this box → +

TI-29497 Attorney Docket No. First Named Inventor or Application Identifier Peter Galicki, et al. Pull Transfers and Transfer Receipt Confirmation in a **Datapipe Routing Bridge**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

EL645453339 Express Mail Label No.

APPLICATION	ELEMENTS	AL	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application						
See MPEP Chapter 600 concerning	utility patent application contents				Washington, DC 202	31 <u>2</u>			
1. X *Fee Transmittal Form (e.g. (Submit an original, and a dupi	g., PTO/SB/17) licate for fee processing)		6.	Mic	crofiche Computer Program (Ap)				
2. Specification (preferred arrangement set	t forth below)	27	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)						
- Descriptive title of the Inv - Cross References to Rela				а.	Computer Readable Computer Rea				
 Statement Regarding Fed Reference to Microfiche A 	•			b.	Paper Copy (identical t	· · · ·			
- Background of the Invent	ion		C. Statement verifying identical of above copies						
- Brief Summary of the Inv				L					
 Brief Description of the D Detailed Description 	rawings (if filed)		ACCOMPANYING APPLICATION PARTS						
- Claim(s)	_		8.	X As	signment Papers (cover sheet &	& Documents(s))			
- Abstract of the Disclosure 3. X Drawing(s) (35 USC d113)	1	9]	9.		CFR §3.73(b) Statement	X Power of			
	775667 0770565	- -			hen there is an assignee) Lalish Translation Document (if a	Attorney			
4. Oath or Declaration	[Total Tagoo	2]	10.	Inf	formation Disclosure	Copies of IDS			
a. Newly Executed (o	riginal or copy) application (37 CFR §1 63(d))	:	11.		atement (IDS)/PTO-1449	Citations			
b (for continuation/di	visional with Box 17 completed)		12. X Preliminary Amendment Return Receipt Postcard (MPEP 503)						
[Note Bo	ox 5 below]		13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
I. Signed :	ON OF INVENTOR(S) statement attached deleting inventor n the prior application,	or(s)	14. **Small Entity Statement filed in prior application Status still proper and desired (PTO/SB/09-12)						
	OFR §1.63(d)(2) and 1.33(b)		15. Certified Copy of Priority Document(s) if foreign priority is claimed)						
	e (useable if Box 4b is checked) e prior application, from which a cop	py of	16. Other:						
the oath or declaration is s	supplied under Box 4b, is considere	d as		······································					
hereby incorporated by ref	e of the accompanying application a ference therein.	and is	'A new statement is required to be entitled to pay small entity fees, except where one has been filed in a pnor application and is being relied upon						
17. If a CONTINUING APPLICATI	ON, check appropriate box an	nd supply t							
	ivisional				of prior application				
Prior application information: Examiner Group / Art Unit:									
	18. CORRESP	PONDEN	CE A	DDRESS	3				
X Customer Number or Bar Code Label 23494 or Correspondence address below									
(Insert Customer No. or Attach bar code label here)									
NAME Robert D. M	arshall, Jr.								
ADDRESS	07475			*****	ZIP CODE				
COUNTRY	STATE TELEPHONE 97	2-917-52	290			972-917-4418			
Name (Print/Type)	Robert D. Marshall, Jr.		Registration No. (Attorney/Agent) 28,527						
Signature	that 1	Date			July 13, 2001				

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FFF	TRANSMITTAL	
	ITATOMITIAL	Application

Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997 Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. Express Mailing Label No.: EL645453339

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Complete If Known Number Filing Date July 13, 2001 Peter Galicki, et al. First Named Inventor **Examiner Name** Group / Art Unit

TOTAL AMOUNT OF PAYMENT (\$) 710.00 Attorney Docket No. 11-29497									11-29497					
METHOD OF PAYMENT										FEE C	CALCULATION	ON (continued)		
The Commissioner is hereby authorized to charge to the following Deposit Account,					g 3	3. /	ADDIT	ONAL	FEES					
Deposit Accor Number	unt			20-0668		Fe		Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee	Description	Fee Paid	
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	l any add d or cred					idicated fees an al fee required o		39	130	139	130	Non-English sp	ecification	
overpa	yment				credit any ov	verpayment	- 14	17	2,520	147	2,520	For filing a requ	est for reexamination	
2. Payment Enclosed:						11	12	920*	112	920*	Requesting publication of SIR prior to Examiner action			
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11.07 48	30 2	07	270	Plan	t filing fee	\$	12	21	260	221	135	Request for ora		
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103	18	203	11	Claims in excess of 20 Other fee (specify)										
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SUBMITTED BY												Complete (if applic	cable)	
Typed or Printed Name Robert D. Marshall, Jr.											Reg Number	28,527		
Signature Robert Il Marshall					all.	1		Date	Ju	ıly 13, 2001	Deposit Account User ID			